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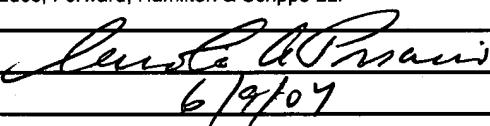
(to be used for all correspondence after initial filing)

Application Number	10/622,918
Filing Date	July 18, 2003
First Named Inventor	Joergensen
Art Unit	3731
Examiner Name	
Total Number of Pages in This Submission	10
Attorney Docket Number	JM-020 CON

ENCLOSURES (Check all that apply)

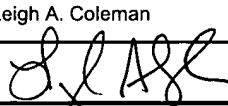
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Nicola A. Pisano Luce, Forward, Hamilton & Scripps LLP	
Signature		
Date	6/9/04	

CERTIFICATE OF TRANSMISSION/MAILING

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IFW

Atty. Docket No.: JM-020 CON (31698-1162)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) Group Art Unit: 3731
Joergensen et al.)
)
Serial No.: 10/622,918)
)
Filed: July 18, 2003)
)
For: Methods and Apparatus)
for Distal Protection)
During a Medical)
Procedure

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL APPLICATION DATA SHEET

Dear Sir or Madam:

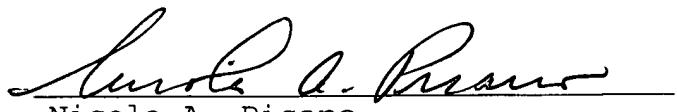
In accordance with MPEP §601.05, Applicant hereby submits a Supplemental Application Data Sheet to set forth the proper Assignee data.

Applicant believes there are no fees due at this time. In the event that a fee is required, please charge our Deposit Account No. 50-2298, in the name of Luce, Forward, Hamilton & Scripps LLP.

Respectfully submitted,

June 9, 2004

Date


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Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit:: 3731
CD-ROM or CD-R?::
Title:: METHODS AND APPARATUS FOR DISTAL
PROTECTION DURING A MEDICAL
PROCEDURE
Attorney Docket Number:: JM-020 CON
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1A
Total Drawing Sheets:: 4
Small Entity?:: NO
Secrecy Order in Parent
Appl.?:: No

Applicant Information

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State or Province of mailing address::
Country of mailing address: Germany
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Correspondence Customer

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Postal or Zip Code of mailing
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Representative Designation::	Registration Number::	Representative Name::
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Associate	32,967	Mitchell P. Brook
Associate	42,651	David E. Heisey

Domestic Priority

Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/957,482	09/19/01

Assignee Information

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State or Province of mailing address::
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